

Exhibitor Registration Form

Need table cloth		Request power			ersize splay		Length:	Width:	
Other need(s):		Will supply own table: □Yes				□No)		
		Wills	supply	tent:	□Yes	□N	0		
Neighborhood/Organization's Name:									
Contact Name: Telephone #:									
Address:									
(Best) Email address:									
Description of neighborhood project, activity, program or organization's focus (will be listed in event program):									

Please return by Friday, September 12th by one of the following methods:

- Email james.herbst@norfolk.gov
- Fax 757-664-6780
- Address Department of Neighborhood Development 810 Union Street, Suite #509 Norfolk, VA 23510

Attn: Jim Herbst